

9/9/94



Docket No. 204/151

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT #3

In re Application of: ADRIAN GLUCK

Serial No.: 08/147,139

Group No.: 3304

Filed: November 3, 1993

Examiner: B. Layno

For: TRADING CARD WITH THREE\_DIMENSIONAL EFFECT

COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is X a small entity -- verified statement     attached X already filed.  
    other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(a) X Applicant petitions for an extension of time under 37 CFR 1.136 [fees: 37 CFR 1.17(e)-(d)] for the total number of months checked below:

| EXTENSION<br>(months)   | FEE FOR<br>SMALL ENTITY | FEE FOR OTHER THAN<br>SMALL ENTITY |
|-------------------------|-------------------------|------------------------------------|
| <u>X</u> one month      | \$ 55.00                | \$ 110.00                          |
| <u>   </u> two months   | \$ 180.00               | \$ 360.00                          |
| <u>   </u> three months | \$ 420.00               | \$ 840.00                          |
| <u>   </u> four months  | \$ 660.00               | \$ 1,320.00                        |
|                         |                         | Fee \$ <u>55.00</u>                |

If an additional extension of time is required, please consider this a petition therefor.

    An extension for     months has already been secured and the fee paid therefor of \$     is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this Request \$ 55.00

(b)     Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231

Date of Mailing: 09/06/94

JODIE DAVIS

(Type or print name of person mailing paper)

*Jodie Davis*  
(Signature of person mailing paper)

AMDT-9.19

## FEE FOR CLAIMS

4. The fee for claims [37 CFR 1.16(b)-(d)] has been calculated as shown below:

|   | (Col. 1) | (Col. 2)                              | (Col. 3)              | SMALL ENTITY      | OTHER THAN A<br>SMALL ENTITY |
|---|----------|---------------------------------------|-----------------------|-------------------|------------------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT             |          | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA RATE | ADDIT.<br>FEE     | ADDIT.<br>RATE               |
| TOTAL<br>CLAIMS                                       | 15       | minus 20                              | = -0-                 | x \$11 = \$       | x \$22 = \$                  |
| INDEPENDENT *<br>CLAIMS                               | 5        | minus 3                               | = 2                   | x \$37 = \$ 74.00 | x \$74 = \$ 74.00            |
| FIRST PRESENTATION OF<br>MULTIPLE DEPENDENT CLAIMS(S) |          | ----                                  |                       | + \$115 = \$      | + \$230 = \$                 |

TOTAL ADDITIONAL FEE: \$ 74.00 \$ ----

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- (a) ☐ No additional fee for claims is required.

-OR-

- (b) ☐ The total additional fee for claims required \$ \_\_\_\_\_.

## FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 129.00 (+\$55.00 Extension of Time)  
☐ Charge Deposit Account No. 12-2475 the sum of \$ \_\_\_\_\_.  
 A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 12-2475. A duplicate of this transmittal is attached.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 12-2475. A duplicate of this transmittal is attached.

## INSTRUCTIONS AS TO OVERPAYMENT

7. ☒ Credit Deposit Account No. 12-2475.  
☐ Refund

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 Enclosures

Respectfully submitted,

By

SAMUEL B. STONE

(type or print name of attorney)

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